Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012497	A. BUILDING _____ B. WING _____	03/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMPLIGHT INN AT THE LELAND	**900 SOUTH A STREET RICHMOND, IN 47374**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for an Initial State Residential Licensure Survey. Survey dates: March 27 & 28, 2012 Facility number: 012497 Provider number: 012497 AIM number: N/A Survey team: Leslie Parrett, RN TC Angel Tomlinson, RN Sharon Lasher, RN Barbara Gray, RN Census bed type: Residential: 61 Total: 61 Census payor type: Other: 61 Total: 61 Residential sample: 5 Lamplight at the Leland was found to be in compliance with 410 IAC 16.2 in regard to the Initial State Residential Licensure Survey. Quality review completed on March 30, 2012 by Bev Faulkner, RN	R 000		